2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0100060429

1. Entity Name

BANANA WIND FARMS, INC.



FILED Jan 21, 2003 8:00 am Secretary of State

01-21-2003 90213 039 ***158.75

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Suite, Act if, etc. Suite, Ac	4951 S.W. 106TH AVENUE		4951 S.W. 106TH AVENUE				E INDININEE JIE NOOM INDIE ONGEL ee	18 10 81 10 1 100 1	18111 BIBIB 1	LBN	
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Country Zip Country Zip Country S. Certificate of Stratus Desired S8.75 Auditional Page Prequised Page 12 Page 13 Page 14 Page	Suite, Apt. #, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
Fee Required Fee			City & State			4.	65-1114/13				
Name		Country	Zip Count		try						
Size Address FO. Box Number is Not Acceptable	- * 6.	Name and Address of Current F	Registered Agent			7.	Name and Address of New Re	gistered Age	nt		ĺ
### PAST LAW 167TH AVENUE FORT LAUDERDALE FL 33328 City FL Zip Code					Name						ĺ
City FL Zip Code				~	Street Address	(P.O. B	Box Number is Not Acceptable)			·	-
B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATUR	FORT LAUDERD	ALE FL 33328									l
SIGNATURE									•		
FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DEGAN, STEVE MAME 4951 S.W. 106TH AVENUE FORT LAUDENDALE FL 33328 TITLE MAME MAME STREET ADDRESS CITY-S1-ZIP TITLE MAME STREET ADDRESS CITY-S1-ZIP TI			the purpose of changing	g its registere	ed office or registe	ered ag	ent, or both, in the State of Flori	da. I am fami	iliar with,	and accept	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an articless, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-03

954-252-1760

Daytime Phone #